



ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS
Safer Communities Through Successful Youth

QUALITY ASSURANCE A U D I T

Adobe Mountain School

**Conducted
02/19/08 through 02/28/08**

**Prepared by
The Arizona Department of Juvenile Corrections
Quality Assurance Unit**

OVERVIEW

The Arizona Department of Juvenile Corrections' (ADJC) Quality Assurance unit conducted a Formal Audit of Adobe Mountain School from 02/19/08 through 02/28/08. ADJC policies, procedures and best practices were used as standards.

Summary of Non-Compliance

A Summary of Non-Compliance precedes the body of the audit. The purpose of the summary is to provide the reader an outline of observations that will require corrective action. Specific details such as dates, times and shifts are omitted from the summary but can be found in Part I or Part II of the audit.

Adobe Mountain School showed Substantial Compliance during the Formal Audit in the following areas and follow up action is not required:

- Daily Logbook (General Information) Procedure 4002.02
- Shift Changes Procedure 4064.01
- Head Count (Documentation in Unit Logbook) Procedure 4002.02
- Sharps Accountability at Shift Change Procedure 4002.02
- Communication in Logbook Procedure 4002.02
- Facility Headcount Accuracy Procedure 4002.02
- Use of Force Procedure 4058
- Pat Searches Procedure 4250.01C
- Youth Phone Procedures: 4051, 4051.01, 4051.02, 4051.02A and 4081.
- Youth Mail Procedures: 4051, 4051.01, 4051.02, 4051.02A and 4081.
- Weekly Inspections

Special note: Maintenance employees were extraordinarily responsive to the requests for urgent life safety related repairs submitted during this audit.

Part I - Housing Unit Audits

Each housing unit was audited for logbook documentation, appropriate shift change documentation, headcount, transitions, documented welfare checks, sharps accountability, youth supervision, tools and dangerous objects accountability, and exclusion.

Part II - Facility and Program Area Audits

In addition to the audit of each housing unit, AMS was audited for Separation review, medical services, youth grievances, behavioral health, physical plant inspection, youth mail, special education, suicide prevention, Continuous Case Plan (CCP), CAPFA, and Multi-Disciplinary Team (MDT) meetings.

The Quality Assurance unit would like to acknowledge the contributions of the Subject Matter Experts (SMEs) who contributed to this audit. Without the participation of the SMEs, it would not have been possible to assess several key areas in this audit.

Education

Dr. Gail Jacobs

Mental Health

Summary of Non-Compliance

This summary outlines observations of non-compliance. Details such as dates, times and units can be found in the main body of this report.

Hourly Headcount Sheets

Procedure 4050.02

Unit- Freedom

- Unit did not use the proper headcount form F4050.02A.
 - YPS and YCOIII advised and corrected this on the day of audit.

Unit-January

- 3 of 8 documented youth movements did not match (logbook vs. headcount sheet).

Unit Nova

- Unit did not use the proper headcount form F4050.02A.
 - YPS corrected this on the day of audit.

Unit-Recovery

- 5 of 10 documented youth movements did not match (logbook vs. headcount sheet).
 - 02/9/08 -Youth to visitation per headcount sheet but not in logbook.
 - 02/10/08 -Youth to visitation per headcount sheet and logbook, but was not logged coming back from visitation in logbook.
 - 02/10/08 - Youth to health unit per headcount sheet and logbook, but was not logged coming back from health unit in logbook.
 - 02/12/08 - Youth to kitchen per headcount sheet but not in logbook.
 - 02/12/08 - Youth to visitation per headcount sheet but not in logbook.

Welfare Checks

Procedure 4002.09

“Out of compliance” in this area indicates the welfare check did not take place within 15 minutes (staggered) per policy.

Unit Enterprise

- 1 welfare check was not in compliance;
2/11/08
 - (0037-0054) - 17 minutes

Unit Freedom

- 2 welfare checks were not in compliance;
2/12/08
 - 2045-2114 - 29 minutes2/12/08

- 2214-2238 - 24 minutes

Unit-January

- 8 welfare checks were not in compliance;
 - 2/9/08
 - 2055-2113=18 minutes
 - 2/10/08
 - 0646-0730=44 minutes no check documented
 - 2225-2246-21 minutes
 - 0201-0217=16
 - 0217-0234=17
 - 2/11/08
 - 2000-2045=45 minutes
 - 2/12/08
 - 0618-0640=22 minutes
 - 0640-0658=18 minutes

Unit-Journey

- 1 welfare check was not in compliance;
 - 02/09/08
 - 2025 to 2042- 22 minutes

Unit Nova

- 1-welfare check was not in compliance;
 - 02/10/08
 - 1248-1304-16 minutes

Unit-Voyager

- 3 welfare checks were not in compliance;
 - 2/9/08
 - 0543-0610=27
 - 2/10/08
 - 0550-0610=20 (documentation error only)
 - 2/12/08
 - 0555-0111=16

Unit-Separation

24 welfare checks were not conducted within the 15 minute limit; 2 were non- staggered.

- 02/09/08
 - 0816-0835-19 minutes.
 - 1124-1143-19 minutes.
 - 1340-1358-18 minutes.
 - 1542-1600-18 minutes.
 - 1600-1620-20 minutes.
 - 1700-1725-25 minutes.
 - 1742-1815-33 minutes.
 - 1840-1857-17 minutes.
 - 0124-0141-17 minutes.

- 0454-0512-18 minutes.
02/10/08
- 2038 -2059 –21 minutes.
- 0102-0120-18 minutes.
02/11/08
- 1353-1410-17 minutes.
- 1554-1615-21 minutes.
- 1715-1738-23 minutes.
- 1920-1950-Non-staggered.
- 2155-2213-18 minutes.
02/12/08
- 0718-0742-24 minutes.
- 0947-1008-21 minutes.
- 1430-1510 –Non-staggered.
- 1920-1945-25 minutes.
- 2156-2215-19 minutes.
- 2244-2301-17 minutes.
- 0012-0036-24 minutes.
- 0322-0347-25 minutes.
- 0540-0600-20 minutes.

Transitions

Procedure 4064.01

Unit -Enterprise

- 3 of 23 transitions were not documented within 15 minutes; (Documentation Errors)
2/9/08
 - 1713 - end time not documented.
- 2/10/08
 - 1535 - end time not documented.
- 2/11/08
 - 1610 - end time not documented.

Unit- Freedom

- 1 of 30 transitions was not documented within 15 minutes;
2/10/08
 - 1140- end time not documented.
- YPS had identified and addressed this issue prior to the audit.

Unit-January

- 5 of 18 transitions were not conducted within 15 minutes;
02/9/08
 - 1641- 1805 = 85 minutes (2 10x24s during this period but only lasted 11 minutes and 9 minutes. Out of compliance.)
- 02/10/08
 - 0600-0755= 115.
 - 1650-1713= 23 minutes.
 - 0600-0658= 58 minutes.

- 1731-1800= 29 minutes.

Unit Nova

- 1 of 20 transitions was not conducted within 15 minutes;
02/10/08
 - 1248-1304-16 minutes.

Unit- Triumph

- 1 of 25 transitions was not conducted within 15 minutes;
02/09/08
 - 1943-2011 - 28 minutes.

Exclusion

Procedure 4064.01

Unit-Crossroads

- 2 of 3 exclusions had not been signed by the YPS.

Unit -Enterprise

- The unit exclusion log did not have an updated "Prohibited from Exclusion Sheet."

Unit Nova

- 1 of 1 exclusions did not identify who initiated the exclusion.

Unit-Recovery

- The unit exclusion log did not have an updated "Prohibited from Exclusion Sheet."

Unit Inspection Binder

Procedure 4002.01

Unit -Enterprise

- Unit only conducted daily inspections on first and second shifts. Third shift did not conduct inspections
- Weekly inspections have not been completed since 1/26/08.

Unit- Triumph

- Weekly inspection form was not present.

Unit-Separation

- Daily inspection forms were missing signatures.

Supervision of Youth

Policy 4002-Procedure 4002.09

Unit-Crossroads

- Staff did not ensure youth exit their room and stand by their door single file, facing away from the dayroom.
- Staff did not secure the door behind the youth before proceeding to the next door.

- Staff did not position themselves at the end of the hall nearest the dayroom.
- Staff did not instruct the youth to line up in hallway after all youth had exited their rooms.
- Staff did not signal the youth to exit the hall area.

Unit -Enterprise

- The Shift leader did not ensure appropriate supervision of youth during unit cleaning.
- Staff did not place cleaning supplies in each hallway immediately prior to the scheduled clean up time;
- Staff did not monitor the issuance, use, and return of all cleaning supplies;

Unit-Recovery

- Staff did not initially position themselves in each hallway to supervise the cleaning. After the first 5 minutes of the cleaning, staff directly supervised youth for the remaining 10 minutes (times are approximated).

Supervision on 3rd shift - Via Camera Observations

Unit-Voyager

- 3 welfare checks were not in compliance on the date reviewed- 02/25/08.
 - 2200-2232= 32 minutes.
 - 2232-2256= 24 minutes (Security arrives at 2244 but does not complete a welfare check).
 - 2256-2329= 33 minutes.

Third Shift Timely Bathroom Access

Procedure 4002.07

Unit Enterprise

- Response for bathroom requests exceeded policy standards of 10 minutes for 3 of 9 requests. On 02/10/08, it took security an hour and twenty-six minutes to respond to a restroom request. There were two entries in the housing unit log book indicating the housing staff called to remind security a second and third time before officers arrived for the requested restroom break.

Comments

- One restroom break was conducted at the beginning of the shift for each night reviewed for this audit.
- The time entries in Security's 10-7 Report differ significantly from the Housing Unit Log book entry for the first restroom break on 02/10/08. The Enterprise log book shows the first request for the restroom at 2125 with security arriving at 2246. The Security 10-7 log indicates the initial request at 2150 and shows security arriving at 2246. Both timeframes exceed policy standards.

Unit- Freedom

- Liquid containers containing urine were noted in two youth rooms.

Unit Recovery

- Response for bathroom requests exceeded policy standards of 10 minutes for 3 of 4 requests. On 02/12/08 it took security thirty minutes to respond to a youth's request to use the restroom.

Youth Survey Responses (Restroom Breaks)

- 8 of 15 youth indicated that unit staff do not respond to restroom breaks quickly.
- 13 of 15 youth indicated security staff do not respond to restroom breaks quickly.
- 7 of 15 youth said the restrooms in their units were not clean

Separation Review

Procedure 4061.01

Review of Youthbase

- 10 of 215 referred youth were released from Separation due to the Incident Report not being received within policy timelines.

Due Process Compliance

- 10 youth were in Separation over 24 hours for the reviewed period.
 - 4 of 10 extension hearings did not state the reason for the approval of the extension.

File Reviews

- 3 of 7 self referral youth did not sign Form 4061.02C *Volunteer Statement*.
- 1 of 7 self-referral youth did not have an LSI attached to the referring Incident Report.
- 1 of 8 youth did not sign Form 4061.02B *Rule and Expectations*.

Medical Checks after a Use of Force

- 5 of 38 youth were not evaluated by a medical provider after a use of force incident.

Tools, Sharps, and Dangerous Objects Accountability

Procedure 4050.14

Health Unit-Dental

- Employees do check out and return all tools however, are not using Form 4050.14A Tool Check Out.
 - They have developed their own form.
- Employees do not complete Form 4050.14C Tool Disposition when tools are added and/or deleted from inventories.
 - They have developed their own form.

Medical Tool/ Instrument Storage:

- ASSIGNED PERSONNEL FROM EACH MEDICAL DISCIPLINE do not engrave any tool identified on the Master Tool Inventory where practicable.
- ASSIGNED PERSONNEL FROM EACH MEDICAL DISCIPLINE do not use the manufacturer's serial number to identify dental hand pieces and other items which cannot be engraved.

- EACH MEDICAL DISCIPLINE does not provide a copy of the Master Tool Inventory to the Medical Director and Ranking Facility Security Supervisor on the 15th business day of each month or more frequently as determined by the Medical Director.
 - Medical Director does not get a copy on the 15th.
- PHARMACY EMPLOYEES do not count tools in the pharmacy.
 - 1 pair of scissors not on a tool count.
- HEALTH SERVICES PERSONNEL do not note additions, issue of equipment, and depletions of stock on Form 4058.14C Tool Disposition.
 - They have developed their own form.

Chapel

- Brooms and mops were in the kitchen area not secured.

Education -Discovery

- 2 of 10 classrooms did not secure pencils.

Housing Units/Separation

- Housing units, including Separation, did not sign all sharps in and out on Form 4050.14A Tool/Equipment/Sharps Check Out.

Unit Nova

- Tools, sharps, and dangerous objects were not stored in a secure area, inaccessible to youth, and consistent with fire and safety codes.
 - Although all razors are kept in a metal box on the wall, the box does not have a lock. Maintenance is aware of the situation and has ordered locks.

Unit-Separation

- Tools, sharps, and dangerous objects were not stored in a secure area, inaccessible to youth, and consistent with fire and safety codes.
 - Unit stored keys, 911 bags, staple removers, nail clippers in an unlocked drawer in the control room. They do not have a box like the other units for these items.

Unit January

- Tools, sharps, and dangerous objects were not stored in a secure area, inaccessible to youth, and consistent with fire and safety codes. (No ability to secure cabinet)
- Accountability of tools, sharps, and dangerous objects were not maintained at all times.
- Employees did not conduct a daily tool inventory and record the results in the area daily log.
- Employees did not document daily inventories in the assigned area's log book.
- Employees did not sign all sharps in and out on Form 4050.14A Tool/Equipment/Sharps Check Out.
- Employees did not submit automated work orders via the Facilities Management link on the ADJC Intranet (MP2 requests) within 1 hour for all deficiencies requiring maintenance.
- Employees do not attach a copy of each work request to the Inspection Checklist.
- MANAGER does not address safety, cleanliness/housekeeping, and maintenance issues with his/her respective employees.

- MANAGER does not follow-up on all pending MP2 requests weekly.

Multi-Disciplinary Teams-MDT

Procedure 4200.07

Auditors attended a total of 18-MDTs during the Formal Audit at AMS.

Attendance

- 5 of 18 did not have a YPS Present.
- 5 of 18 did not have a Psychology Associate (QMHP) present.
- 3 of 18 did not have an Education staff present.
- 14 of 18 did not have a Parole Officer present.
- 16 of 18 did not have a YCO attend.
- 14 of 18 did not have a Family Member present.

Unit Freedom

- MDT Form 4200.07C3 was not completed correctly by Education.
- Forms lack educational/vocational goals.
- 5 of 12 education teachers did not provide comments regarding the youth's education progress.

Unit January

- 2 of 2 youth stated they were not aware of treatment problem area / goals.
- 1 of 2 MDTs did not give the youth a chance to state his problem areas. The MDT facilitator stated them out loud to the MDT members.
- The MDT Meeting Notes Form 4200.07A was not completed before the MDT started.

Unit Nova

- MDT Form 4200.07C3 was not completed correctly by Education.
- Forms lack educational/vocational goals.
- 6 of 12 education teachers did not provide comments regarding the youth's education progress.

Unit Recovery

- 2 of 2 youth stated they were not aware of treatment problem area / goals.
- 1 of 2 MDTs did not give the youth a chance to state his problem areas. The MDT facilitator stated problem areas out loud to the MDT members.
- 1 of 2 MDTs was missing Community Corrections Form 4200.07C3.
- The MDT Meeting Notes Form 4200.07A was not present or completed before the MDT started.

MDT Log Book Review

Procedure: 4200

18 MDT forms were reviewed.

Attendance

- 6 of 18 did not have a YPS Present.
- 6 of 18 did not have a Psychology Associate (QMHP) present.

- 2 of 18 did not have an Education staff present and did not provide the required MDT forms 4200.07C2.
- 8 of 18 did not have a Parole Officer present.

MDT Staffing 4200.07A forms

Unit-Crossroads

- 2 of 2 MDT Staffing notes (Form 4200.07B) were not located in the Mental Health file in the Health Unit.

Unit- Freedom

- 1 of 1 MDT Binder dates reviewed (02/13/08) did not contain MDT Form 4200.07A to document the Weekly Meeting Notes.

Unit-January

- From 10/31/07-11/28/07 all MDT Meeting Notes were blank with no signatures of attendance.
- The MDT Meeting Notes from 11/28/07 to present could not be produced by the YPS or YPOIII.

Unit-Kachina

- 1 of 2 MDT Meeting Notes (Form 4200.07B) was not located in the Mental Health file in the Health Unit.
- MDT Log book contained MDT Meeting agenda form; however the old form was used (4321.01A). Kachina team was informed of revised form 4200.07A and corrected on the spot.

Education / Special Education

Procedures 4475, 4475.01, 4475.02B, 4475.02C, 4475.03, 4475.03A, 4475.04, 4475.05,
4475.06, 4475.07, 4484

Education File Reviews

- 2 of 10 files did not contain current and past transcripts.

Classroom Observations

- Goals and objectives were not posted in 2 classrooms.
- 1 teacher was not wearing the earpiece to her radio in the classroom.
- In 2 classrooms, pencils were not secured (left on the teacher's desk) allowing easy access to students as they entered and exited the classroom.

Behavioral Health Services Comprehensive Review

SCREENING AND ASSESSMENT/RECEPTION

- One audit item that was somewhat problematic was Standard 5 (Youth admitted to ADJC are administered the MAYSI-2 within one hour of their arrival, and following Medical clearance). The two cases that did not meet this standard were youth who had been initially in-processed at CMS and then transported to AMS for the RAC process. Due to the transfer time between these facilities, the MAYSI-2 was administered significantly more than an hour after arrival at ADJC (although within an hour of their arrival at AMS).

FACILITY MENTAL HEALTH SERVICES

- An area of significant difficulty was Standard 2 (All youth with a Mental Health Classification shall receive the prescribed Level of Service as outlined in procedure). Fewer than 20% of the cases audited successfully met this standard. This low level of clinical service delivery very likely reflects the high percentage of clinical provider vacancies currently being experienced at AMS. Additionally, it was found that there was inconsistent attendance of some needed disciplines at the AMS weekly Clinical Meeting.

SUICIDE PREVENTION

- Standards related to delivery of clinical services and treatment of these youth (i.e. youth on SPS list are assessed every 24 hours by a QMHP and documented on CIA form, youths moved to Standard Supervision at last Clinical Meeting will have a Contact Detail Report completed which documents this discussion, and progress notes are found which reflect treatment consistent with CCP goals addressing suicidality and/or self harm problems) were found to be below compliance levels in the cases evaluated in this audit.

Facility Inspection

Procedures 2501, 2410, 2410, 4007, 2501, 2501.01 2502, 4007, 2502.01

- The fire hydrant near the Esperanza building is leaking, rusted and has standing water gathered at the base of the unit. This hydrant is in need of replacement.
- Fire hydrants throughout the facility including outside of the main control room, in front of unit Journey, on the east end of the Discovery building, between the west housing units and Horizon, and the one to the east of Unit Challenge are buried above the base cuff and need to be dug out to comply with fire code.
- Surplus furniture and equipment was stored against the side of the property storage building to the west of the warehouse
- A broken table was stored behind unit Freedom.
- Old soccer goals with loose pieces were present on Maricopa field.
- Water is leaking from the spigot and gathering against the base of the building on the south wall of the chapel.

Health Unit

- Sharps, Medications, Medical supplies, and Medical Records were not inventoried on Form 4050.14.

Housing Units / Separation

Unit –Challenge

- Graffiti was present on windows and in some rooms on the walls, ceiling, beds and doors.
- All rooms need paint.
- Several lighting fixtures were missing screws.
- Room #21 had a screw halfway removed from the lighting fixture presenting an anchor point.
- Rooms #3 & #20 had holes in the walls.

Unit-Crossroads

- Room #15 had a screw protruding from the wall above the toilet presenting an anchor point.
- Several lighting fixtures were missing screws.
- Graffiti was present on the windows and in some rooms on the walls, light fixtures, mirrors and doors.

Unit -Enterprise

- An anchor point (bolt/screw) was observed on the wall under the light in room #4.
- The rooms in the East wing of the building require paint.
- Graffiti was present in the bathrooms and on the white board in the common lounge.
- Graffiti was also present on the windows, walls and fixtures throughout the unit.

Unit- Freedom

- Liquid containers containing urine were noted in two youth rooms.
- Anchor points (bolt/screw) were observed in rooms #4, #7, #14, and #17. Maintenance was contacted and responded immediately to correct these.
- A dust mop was stored behind the dryer. This is a potential fire hazard and does not comply with the Tool Accountability policy.
- Unit keys and sharps were stored in an unlocked drawer in the control room.
- A large (approximately 24'x36") poster containing gang writing was displayed on the wall in room #20.
- Graffiti was present on the windows, walls, and fixtures throughout the unit.

Unit-January

- The group release system did not open rooms # 7, 8, and 9. This has since been corrected.
- Unit keys and sharps were stored in an unlocked cabinet in the control room.
- Graffiti was present throughout the building on the windows, walls and fixtures.

Unit-Journey

- The power cord on the TV stand is damaged and needs to be replaced.

Unit-Kachina

- The group release system only has 1 key for the 2 mechanisms required to operate it. The group release system did not open rooms 1-6 or room 18. This has been corrected.
- Some rooms had clothing and miscellaneous items on top of the lighting fixtures.
- The sharps cabinet that has been installed in the control room was not being used at the time of the inspection.

Unit Nova

- An anchor point (bolt/screw) was observed in room # 7 on the wall by the desk.
- A hole was noted in the wall of room #20.
- Room #12 had a damaged floor tile in the corner at the foot of the bed.
- Graffiti was present throughout the unit. There were a few rooms in the unit that did not have tagged windows.

Unit-Recovery

- Anchor points (bolt/screw) were noted in rooms # 2, 5, & 12.
- The light did not work in room # 9. Work order has been submitted.
- One fire extinguisher in the unit did not have a current inspection tag from the recent annual inspection.
- Unit keys are being stored in an unlocked cabinet in the control room.
- Graffiti was present on the windows, walls, and fixtures throughout the building.

Unit- Triumph

- Graffiti was present on windows and in some rooms on walls, doors, etc.
- There was a hole in the wall behind the door in room #20.

Unit-Voyager

- The unit is in need of painting.
- Graffiti was present on some windows.
- The dryer in C-Hall had a loose power cord.
- Several lighting fixtures throughout the unit were missing screws.

Unit-Separation

- Keys and sharps were not double locked in the control room.

Kitchen

- The kitchen did not have test strips for use in verifying the temperature of the dish washing machine. The kitchen manager uses a meat thermometer to verify the temperature in the machine.
- There were 4 fire sprinkler escutcheons missing from fire sprinklers in the kitchen area.
- The dry food storage area has roof leaks that have resulted in damage to the fiberglass insulation hanging from the ceiling.
- An electrical outlet in the dry food storage area was missing the plate cover.
- The kitchen is not equipped to comply with the new ADJC tool accountability procedure.

- Larger locking cabinets are needed to create shadow boards that can store service and cutting tools on individual hooks.
- Cables, padlocks and eyelets are needed to secure food service tools to the serving stations.
- The tools have not been permanently engraved, stamped or color coded to identify their area of assignment.
- The kitchen did have a tool identification book on hand that has been prepared with photos of each cutting tool for use in identifying tools in the event of a missing tool.
- The ceiling of the east dining room has evidence of a roof leak causing damage to a ceiling tile. The result of this water damage is causing the tile to hang down around the fire sprinkler.

Maintenance / Warehouse

- The maintenance tool storage cage was not equipped with sufficient tool shadow boards.
- Drill bits were stored in a bin that does not allow for inventory.
- Tools need to be engraved and/or tagged to comply with new tool control policy.
- Engraved tool chits are needed to indicate on the shadow board when tools are out for repair or replacement.
- Monthly equipment checklists are needed for routine inspection of the table saw and grinder in the maintenance shop based on recommendations from ADOA Risk Management.

Education -Discovery

- Graffiti was present in the youth bathroom.

Education - Esperanza

- Graffiti was present in 1 of 3 youth bathrooms.

Youth Mail

- Review of incident reports in youth base that were written in the last 2 weeks of the current month revealed that between 02/13/08 thru 02/26/08;
 - 2 of 8 incident reports pertaining to confiscated mail did not have a completed manager follow up.
 - 4 of 6 incident reports that had follow ups did not document the youth had been notified that there had been contraband removed from their mail. There were few details in the YPS follow ups.

Continuous Case Plan (CCP)-CAPFA Review

Procedure 4321.02

- 3 of 10 CAPFAs were completed late.
- 0 of 8 youth had a problem area properly chosen related to high dynamic school needs noted in the Needs Prioritization section.
- 2 of 9 youth had a problem area properly identified related to a high dynamic needs in "Use of Free Time."

- 1 of 1 youth did not have a problem area properly identified related to a high dynamic needs in “Skills.”